## San Diego Superior Court Student Worker Program

## STUDENT UNIT LOAD VERIFICATION

TO BE COMPLETED BY SCHOOL/COLLEGE ONLY

## ALTERATIONS (WHITE OUT OR STIKE OVERS, ETC.) WILL INVALIDATE FORM

| Student's Name:   |   |   | SSN:  |   |  |
|---|---|---|---|---|--|
| HIGH SCHOOL   |   |   |   |   |  |
| NAME OF SCHOOL:   |   |   |   |   |  |
| CHECK ONE:  | FR  | SOPH  | JR  | SR  |  |
|   | EXPECTED GR   | ADUATION DATE:  |   |   |  |
| VERIFIED BY:  | Registrar's Signature   |   |   | Date  |  |
| COLLEGE/UNIV  | ERSITY  |   |   |   |  |
| NAME OF SCHOOL:   |   |   |   |   |  |
| CHECK ONE:  | Underg  | raduate   | Gradu   | ate   |  |
| Current Un  | it Load:  |   |   |   |  |
| Accumulate  | ed Completed Units:   |   |   |   |  |
| Quarter   |   |   | Semester  |   |  |
| Expected C  | Graduation Date:  |   |   | — School  |  |
| ACCREDITED BY:  |   |   |   | — Seal  |  |
| VERIFIED BY:  | Registrar's   | Signature   | Date  | <u> </u>  |  |
| AT  | TACHED IS A   | SEALED TRANS  | SCRIPT  |   |  |
| responsibility of each studen<br>be completed, signed, dated<br>the students' responsibility to<br>time or who drops out of sch<br>department informed as to th<br>CERTIFICATE OF APPL<br>best of my knowledge, I dec | Worker positions, applicant to take the Student Unit and stamped by your region have their enrollment renool, are no longer eligible changes in unit load.  JCANT: All answers and lare that this form has been | Load Verification form to histrar. Also, a sealed transcreverified every semester or ce to be employed and will be distatements in this document overified and validated by | ais or her respective school, countries is required at the time of to quarter. Full-time students where terminated. It is the student at are true and complete to the | Student Worker Guidelines. It is the ollege or university. The SULV form muurning in the application. If employed, it ho reduce their unit load to less than fulls' responsibility to keep their hiring best of my knowledge and belief. To the ducation institution. I understand that ent Worker Program. |  |
|   | Student's Signature   |   |   | Date  |  |